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Bib Data Sheet

CONFIRMATION NO. 8633

<b>SERIAL NUMBER</b> 10/795,970	<b>FILING OR 371(c) DATE</b> 03/08/2004 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3767	<b>ATTORNEY DOCKET NO.</b> 99823-00002
<b>APPLICANTS</b> Michael Conte, Milltown, NJ; <i>One PS</i>				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/452,981 03/07/2003 <i>yes PS</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>No PS</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 05/26/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>Philippe</i> <i>PS</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> NJ	<b>SHEETS DRAWING</b> 8	<b>TOTAL CLAIMS</b> 17 <b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> 27614				
<b>TITLE</b> Safety syringe with cap holding device				
<b>FILING FEE RECEIVED</b> 575	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	